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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Phillips, J.O.) ATTORNEY DOCKET: 04242350
)
SERIAL NO.: 10/797,374) GROUP ART UNIT: 1615
)
FILED: March 10, 2004) EXAMINER: TBD
)
TITLE: Novel Substituted Benzimidazole Dosage Forms And Method of Using Same
DATE: July 21, 2005 CUSTOMER NO.: 26565

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(signature of person mailing paper or fee)

Timothy M. Hubalik
(typed name of person mailing paper or fee)

TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following for the above-captioned application:

1. Preliminary Amendment C;
 2. Fee Transmittal for FY 2005 (PTO/SB/17 Form);
 3. \$550.00 check; and
 4. Return receipt postcard.

Respectfully submitted,

David Fournier
Reg. No. 51,696

CUSTOMER NO. 26565

MAYER, BROWN, ROWE & MAW LLP
P.O. Box 2828
Chicago, Illinois 60690-2828
Telephone: (312) 701-8034
Facsimile: (312) 706-9000

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JUL 21 2005
U.S. PATENT & TRADEMARK OFFICE
O I P E J C S C

**Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 550.00
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Complete if Known

Application Number	10/797,374
Filing Date	March 10, 2004
First Named Inventor	Phillips, J.O.
Examiner Name	TBD
Art Unit	1615
Attorney Docket No.	04242350

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 13-0019 Deposit Account Name: Mayer Brown Rowe Maw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

- Each claim over 20 (including Reissues) 50 25
Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = <u>22</u>	x <u>25.00</u>	= <u>550.00</u>				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = <u> </u>	x <u> </u>	= <u> </u>				

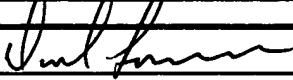
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = <u> </u>	/ 50 = <u> </u>	(round up to a whole number) x <u> </u> = <u> </u>		

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)Other (e.g., late filing surcharge): **SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <u>51,696</u>	Telephone <u>(312) 701-8034</u>
Name (Print/Type)	<u>David B. Fournier</u>		Date <u>July 21, 2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket 04242350

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(signature of person mailing)
Commissioner for Patents
Mail Stop: AMENDMENT
P.O. Box 1450
Alexandria, VA 22313-1450

Timothy Hubalik
(typed name of person mailing paper or fee)

Sir.

PRELIMINARY AMENDMENT C

Prior to examining this application, please amend the application as requested herein below. Please apply the enclosed payment of \$550 in connection with this paper. If any additional fees are due, please charge such fees (or credit any overpayment) to Deposit Account No. 13-0019.

Amendments to the Claims begin on page 2 of this correspondence.

Remarks begin on page 13.

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